



A CRIMINAL JUSTICE CAREER ORIENTATION PROGRAM
**Youth Law Enforcement Career
Camp Application**
June 26 through July 1, 2005



Please Print or Type. Application Deadline is May 9, 2005

QUALIFICATIONS:

Applicant must::

- ◆ have completed 10th or 11th grade by the beginning of camp.
- ◆ have no criminal record.
- ◆ be healthy and capable of strenuous exercise and stress.
- ◆ be interested in a Criminal Justice career.

INSTRUCTIONS:

After completing this application, return it complete package to the state Kiwanis representative
George Fisher, PO Box 655, Hoodspport, WA 98548

SUBMISSION CHECKLIST:

- ☐ COMPLETED application including:
- ☐ Principal's Signature
 - ☐ Recommendations from two teachers
 - ☐ Transcript of your grades
 - ☐ Law Enforcement Signature (see your local law enforcement agency)
 - ☐ Parent's Signature
 - ☐ Photocopy of Driver's License
- ☐ Health Statement including Physician's Signature
- ☐ Liability Release
- ☐ An essay of at least 100 words on "Why I Would Like to Attend Law Enforcement Career Camp"
- ☐ \$25 check to be paid by applicant (balance to be paid by Kiwanis club)

THIS PORTION TO BE COMPLETED BY SPONSORING PARTY / AGENCY / KIWANIS CLUB				
Please complete so club & sponsor can get proper credit. Forward completed application and sponsorship fee to: Washington Kiwanis Law Camp c/o George Fisher P.O. Box 655 Hoodspport, WA 98548				
<input type="checkbox"/> \$350 Student Fee Enclosed		SUBMITTED BY (Please Print)		
ADDRESS		CITY	STATE	ZIP
PHONE		KIWANIS CLUB OF		



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APPLICANT INFORMATION						
APPLICANTS NAME				E-MAIL		
ADDRESS			CITY	STATE	ZIP	PHONE
SHIRT SIZE (Circle One) S M L XL 2X 3X	GENDER	HEIGHT	WEIGHT	GRADE LAST COMPLETED	DATE OF BIRTH	
NAME OF SCHOOL			SCHOOL LOCATION			

AUTHORIZATION		
The following signatures are required to indicate approval of your application – NO RUBBER STAMPS ALLOWED. Please attach a transcript of your grades.		
<i>I certify that the applicants' scholastic record was average or better during the past school year.</i>		
PRINCIPAL	SCHOOL	DATE
<i>I certify that the applicants' scholastic record was average or better during the past school year.</i>		
TEACHER	SCHOOL	DATE
<i>I certify that the applicants' scholastic record was average or better during the past school year.</i>		
TEACHER	SCHOOL	DATE
<i>I certify to the best of my knowledge the applicant has no criminal record.</i>		
SHERIFF/POLICE CHIEF	AGENCY	DATE
<i>I hereby give permission for the above named applicant to attend the Law Enforcement Career Camp. I also give my consent for examination of their Juvenile Records.</i>		
PARENT OR GUARDIAN		DATE
<i>I certify that the above information is correct and that I am interested in considering a future career in the Criminal Justice System. I also give my permission to examine my Juvenile Records.</i>		
APPLICANT'S SIGNATURE	PRINT APPLICANT'S NAME	DATE



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HEALTH STATEMENT				
APPLICANTS NAME			DATE OF BIRTH	
ADDRESS		CITY	STATE	ZIP PHONE
HEALTH INSURANCE PROVIDER			POLICY NUMBER	
FAMILY PHYSICIAN			DR.'S PHONE	
Applicants must have current protection against diphtheria, tetanus, poliomyelitis, measles and rubella, or a statement from a physician that immunization will be obtained prior to the camp.				
CHECK IF IMMUNIZATION HAS BEEN OBTAINED: <input type="checkbox"/> Diphtheria <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Measles				
GENERAL PHYSICAL CONDITION OF APPLICANT: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory				
BLOOD TYPE	CURRENT MEDICATIONS			
LIST ANY PHYSICAL CONDITION THE CAMP DIRECTOR SHOULD BE AWARE OF: <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Other (Explain)				
<i>I understand that this program will involve strenuous physical exercise, and based upon my knowledge of this named individual _____</i> <i>I believe he/she can fully and actively participate in such a program safely and without undue hazard to his/her health.</i>				
PHYSICIAN'S SIGNATURE			PHYSICIAN'S PHONE NUMBER	
PHYSICIAN'S NAME: (Please Print)			DATE	



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LIABILITY RELEASE			
APPLICANTS NAME			
I, _____			
Parent/guardian of _____ give my permission for the above-named applicant to participate in the Washington State Kiwanis Youth Law Enforcement Camp conducted by the Kiwanis Clubs of Washington State and the Washington State Patrol from June 26 through July 1, 2005.			
My son/daughter is not presently under medical care for any physical or mental ailment and is not taking any medication other than what is listed on the Health Statement Form and does not have any physical injuries that may be aggravated by physical activity.			
I assume full responsibility for my son/daughter attending the Washington State Kiwanis Youth Law Enforcement Camp and give my permission for my son or daughter to participate in all aspects of the program. On behalf of the applicant, and myself, and our heirs and assigns, the Washington State Kiwanis Youth Law Enforcement Camp Incorporated and the individual camp counselors and instructors and the Washington State Patrol and their academy are hereby released and discharged from any liability for personal injury or wrongful death that might occur to the applicant as a result of the applicant's participation in the camp.			
I understand that first aid will be available at the camp, that students will be closely supervised and that if serious illness develops, medical and/or hospital care will be given. I further understand that in the case of serious injury or illness I will be notified. If it is impossible to reach me, I give permission for emergency treatment or surgery as recommended by the attending physician.			
SIGNATURE OF PARENT OR GUARDIAN		NAME OF PARENT OR GUARDIAN (Please Print)	
ADDRESS			
CITY		STATE	ZIP
E-MAIL ADDRESS	HOME PHONE	WORK PHONE	DATE